

Attorney Docket No

CCF-5814

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s) Kenneth Ouriel, et al. Confirmation No.: 3220  
Application No.: 10/028,113 Examiner: Michael H. Thaler  
Filing Date: December 20, 2001 Group Art Unit: 3731  
Title: **FURCATED ENDOVASCULAR PROSTHESIS**

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an AMENDMENT for the above-identified application.

**STATUS**

Applicant is

- (X) A small entity.  
( ) Other than a small entity.

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**CERTIFICATION UNDER 37 CFR §§ 1.8(a) and 1.10\***  
Express Mail certification is optional.)

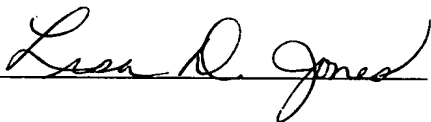
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Date of Deposit March 7, 2005

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Typed Name: Lisa D. Jones

Signature 

**FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being transmitted via facsimile to the Patent and Trademark Office at (703) \_\_\_\_\_

\*Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

CLAIMS AS AMENDED									
FOR	(1) CLAIMS REMAINING AFTER AMENDMENT		(2) "HIGHEST NUMBER PREVIOUSLY PAID FOR	(3) PRESENT EXTRA	(4) SMALL ENTITY		(5) LARGE ENTITY		(6) ADDITIONAL FEES
					RATE	FEE	RATE	FEE	
TOTAL CLAIMS	23	MINUS	75	0	X \$ 25.00	0.00	X \$ 50.00		
INDEP. CLAIMS	03	MINUS	08	0	X \$100.00	0.00	X \$200.00		
[ ] First Presentation of a Multiple Dependent Claim					\$180.00	0.00	\$360.00		
SUBTOTAL OF ADDITIONAL FEES						0.00			0.00
<p>* If the entry in Column 1 is less than entry in Column 2, write "0" in Column 3.  ** If the "Highest No. Previously Paid For" <i>in this space</i> is less than 20, enter "20".  *** If the "Highest No. Previously Paid For" <i>in this space</i> is less than 3, enter "3".  The "Highest No. Previously Paid For" (<i>Total / Independent</i>) is the highest number found in Col. 1 of a prior amendment / the number of claims originally filed.  <b>WARNING</b> "After final rejection or action (§1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. § 1.116(a)(emphasis added).</p>									
<p>Applicant petitions for an extension of time under 37 C.F.R. §1.136  (FEES: 37 C.F.R. §1.17 (1) – (4) for the total number of months checked below:</p>									
EXTENSION	1ST MONTH		2ND MONTH		3RD MONTH		4TH MONTH		
Large Entity	<input type="checkbox"/>	\$120.00	<input type="checkbox"/>	\$450.00	<input type="checkbox"/>	\$1,020.00	<input type="checkbox"/>	\$1,590.00	
Small Entity	<input type="checkbox"/>	60.00	<input type="checkbox"/>	225.00	<input type="checkbox"/>	510.00	<input type="checkbox"/>	795.00	\$0.00
<p>[ ] An extension for _____ month(s) has already been secured and the fee paid therefore of \$_____ is deducted from the total fee due for the total month(s) of extension now requested.</p> <p>[ X ] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.</p>									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT									\$0.00

#### FEE PAYMENT

- ☐ Attached is a ☐ check ☐ money order in the amount of \$\_\_\_\_\_
- ☒ Authorization is hereby made to charge the amount of \$0.00
- ☒ to Deposit Account No. 20-0090.
- ☐ to Credit card as shown on the attached credit card information authorization form PTO-2038.

**WARNING:** Credit card information should **not** be included on this form as it may become public.

- ☒ Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

#### FEE DEFICIENCY

- ☒ If any additional extension and/or fee is required, charge Deposit Account No. 20-0090.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 20-0090.

Date: **March 7, 2005**

Customer No.: **26,294**

Reg. No.:

Signature Of Attorney

**RICHARD S. WESORICK**  
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3731  
RWR



**PATENT**

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**AMENDMENT**

Sir:

In response to the Office Action of February 15, 2005, please amend the  
above-identified application as follows:

**Amendments to the Specification:** There are no amendments to the  
specification.

**Amendments to the Claims:** Amendments to the claims are reflected in a listing  
of claims which begins on page 2 of this paper.

**Amendments to the Drawings:** There are no amendments to the drawings.

**Remarks/Arguments:** Remarks begin on page 10 of this paper.